

DEC 0 1 2008

**FAX TRANSMISSION****DATE:** December 1, 2008**PTO IDENTIFIER:** Application Number 10/529,131-Conf. #2561  
Patent Number**Inventor:** John P. Maye**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP  
Dwight D. Kim, Ph.D.**PHONE:** (617) 517-5588**Attorney Dkt. #:** 61843NAT(51035)**PAGES (Including Cover Sheet):** 16**CONTENTS:** Fee Transmittal Form (1 page)  
Transmittal (1 page)  
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Request for Continued Examination (1 page)  
Amendment Transmittal (1 page)  
Amendment After Final Action Under 37 C.F.R. 1.116 (9 pages)  
Certificate of Transmission (1 page)  
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**EDWARDS ANGELL PALMER & DODGE LLP**  
P.O. Box 55874, Boston, Massachusetts 02206  
Telephone: (617) 239-0100 Facsimile: (617) 227-4420

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PTO/SB/97 (09-04)

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Application No. (if known): 10/529,131

Attorney Docket No.: 61843NAT(51035)

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Fax Cover Sheet (1 page)

Fee Transmittal Form (1 page)

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PTO/SB/21 (09-08)

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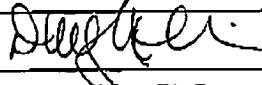
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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/529,131-Conf. #2561
	Filing Date	November 7, 2005
	First Named Inventor	John P. Maye
	Art Unit	1655
	Examiner Name	M. C. Flood
Total Number of Pages in This Submission		Attorney Docket Number 61843NAT(51035)

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input checked="" type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet Request for Continued Exam Certificate of Transmission
<div style="border: 1px solid black; padding: 5px; min-height: 40px;">             Remarks           </div>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	Dwight D. Kim, Ph.D.		
Date	December 1, 2008	Reg. No.	57,665

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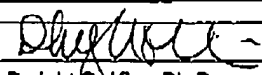
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PTO/SB/17 (10-08)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2009</b>		<b>Complete if Known</b>					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/529,131-Conf. #2561				
		Filing Date	November 7, 2005				
		First Named Inventor	John P. Maye				
		Examiner Name	M. C. Flood				
		Art Unit	1655				
TOTAL AMOUNT OF PAYMENT		(\$)	1,920.00				
<b>METHOD OF PAYMENT (check all that apply)</b>							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards Angell Palmer &amp; Dodge LLP</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
						Small Entity	
<u>Fee Description</u>						<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)						52	26
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims						390	195
<u>Total Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>		
- 20 or HP		x	=		<u>Fee (\$)</u>		<u>Fee Paid (\$)</u>
HP = Highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
- 3 or HP		x	=				
HP = highest number of Independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
- 100 =		/50 =	(round up to a whole number) x				
<b>4. OTHER FEE(S)</b>							<u>Fees Paid (\$)</u>
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1253 Extension for response within third month							1,110.00
1801 Request for continued examination (RCE) (see 37 ...)							810.00
<b>SUBMITTED BY</b>							
Signature				Registration No. (Attorney/Agent)	57,665	Telephone	(617) 517-5588
Name (Print/Type)	Dwight D. Kim, Ph.D.			Date	December 1, 2008		

BOS2 708543.1

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<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 61843NAT(51035)	
Application No. 10/529,131-Conf. #2561	Filing Date November 7, 2005	Examiner M. C. Flood	Art Unit 1655	
Applicant(s): John P. Maye				
Invention: HOP ACIDS AS A REPLACEMENT FOR ANTIBIOTICS IN ANIMAL FEED				
<b>TO THE COMMISSIONER FOR PATENTS</b>				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
<b>CLAIMS AS AMENDED</b>				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims		- 20 =		x
Independent Claims		- 3 =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within third month Request for Continued Examination				1,920.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				<b>1,920.00</b>
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span> <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-1105</u> in the amount of \$ <u>1,920.00</u> . A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 Dwight D. Kim, Ph.D. Attorney/Agent Reg. No.: 57,665  EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 517-5588				Dated: <u>December 1, 2008</u>

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